

FORT DETRICK ARMY FAMILY ACTION PLAN (AFAP) CONFERENCE

Application & Conference Registration Form

DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 301, 10 USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Army Family Action Planning Conference. ROUTINE USES: Used to record information pertaining to attendees at the Army Family Action Plan Planning Conference. DISCLOSURE: Disclosure is voluntary.

(Check one option - no "blanks" please):

Primary Applicant _____ or Back-Up Applicant _____

1. FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

MALE: _____ FEMALE: _____ NAME AS YOU WANT IT ON NAME TAG: _____

Home or Work Address Required:

[Teen Delegates should include parents' address, E-Mail address, and home & work phone numbers]

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: CIVILIAN (Include Area Code) _____ DSN (AUTOVON): _____

FAX: _____ EMAIL: _____

Emergency contact: Name: _____ Relationship: _____ Day phone: _____ Evening: _____

Please print neatly, type, or complete form electronically and provide your current mailing and email address.

Complete 2.c. and all other items that apply.

2. YOUR MILITARY AFFILIATION?

(Circle correct selection -- If not applicable, go to item 3.)

a. Are you a:
Service member (SM) _____ or Retiree _____
Spouse of SM _____ or Retiree _____
Youth of SM _____ or Retiree _____

ARMY _____ AIRFORCE _____ NAVY _____ MARINES _____

b. Are you or your sponsor:
Reserve _____ National Guard _____ Coast Guard _____

c. What is your (or your spouse's) rank? _____

d. Is your spouse currently deployed? _____ Where? _____

3. YOUR DA CIVILIAN AFFILIATION?

(Circle correct selection) (If Active Duty Military, go to item 4.)

a. Are you a:
DA Civilian Employee _____
Spouse of DA Civilian _____
Youth of DA Civilian _____

b. Are you or is your sponsor:
APF (GM _____ GS _____ WG _____)
NAF (NF) _____ RETIRED _____

c. Grade/Series: _____ - _____

d. If you are DA Civilian, are you also the spouse of a Soldier? YES _____ (Grade _____) NO _____

4. YOUR MARITAL STATUS?

(Check accordingly)

_____ Single _____ Married _____ Widower/Widow

5. YOUR FAMILY TYPE?

(Check accordingly!)

Have Children _____ No Children _____
Dual-Military _____ Single Parent _____

6. YOUR PREFERRED ROLE AT THIS CONFERENCE?

(Check your preference)

_____ Observer _____ Delegate _____ Subject Matter Expert
_____ Conference Staff _____ Other (Explain) _____

FRTI Applicants: number in order of preference (1-4) below:

_____ Facilitator (requires facilitator training and experience)
_____ Recorder
_____ Transcriber (requires experience with Word and PowerPoint)
_____ Issue Support

7. HAVE YOU EVER PARTICIPATED IN AN AFAP CONFERENCE?

YES _____ (Continue below) NO _____

Previous AFAP Training (type):

Previous Experience:

Installation Level: When? _____ Role _____
MACOM Level: When? _____ Role _____
DA Level: When? _____ Role _____